Name of the College	4101 - ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY					
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING					
Name of the Degree & Course	B.E ELECTRONICS AND COMMUNICATION ENGINEERING					
Name of the faculty member	MR. PRAVEENKUMAR A					
Regular Or Adjunct	Regular					
lmage						
Present Designation	PROFESSOR					
Residential Address Line I	23,NORTH STREET					
Line 2	SERTHIYUR VILLAGE,NAGAPATTINAM					
District	NAGAPATTINAM					
Telephone number	-					
Mobile number						
Email	PRAVEENKUMAR.ECE@ADHI.EDU.IN					
Gender	MALE					
Community	ВС					
PAN Number	RDFGY8554P					
Passport Number						
Aadhar Number						
Faculty code given by C.O.E.						
Faculty code given by A.I.C.T.E.						
Date of Birth	15-08-1991					
Age 29						
I. Particulars of Educational Qualification : (only completed)						

Category	Name of the Degree	Specializat ion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.E.	ELECTRON ICS AND COMMUNI CATION ENGINEER ING	2014	DR NAGARATH INAM'S COLLEGE OF ENGINEER ING	ANNA UNIVERSIT Y	73	FIRST CLASS	And This region of the control of th
P.G.	M.E.	ELECTRON ICS AND COMMUNI CATION ENGINEER ING	2017	A V C COLLEGE OF ENGINEER ING	ANNA UNIVERSIT Y	70	FIRST CLASS	Sant Balterage Sant B

 $<sup>\</sup>ensuremath{^{*}}$  Upload Scanned copy of Original Degree Certificate.

## I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score : File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

## IV. Academic Experience:

( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
name of the contage				Years	Months	Days
ADHI COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	02-03-2020	09-03-2020	0	0	8
			Total	0	0	8

## V. Industrial Experience:

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	E	Experience		
Organisation	Designation	Mature of Work	Joining Date		Years	Months	Days	

## VI. C.O.E. Appointment Experience:

Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

